Revision: HCFA-PM-95-4 (HSQB) Attachment 4.35-H

JUNE 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Iowa		
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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

श्रीकार्यस

TN No. MS-96-8
Supersedes
TN No. MS-90-16
Approval Date: MAR 1: 1986

Effective Date: 7-1-95